

2016 YOUTH CHEERLEADING REGISTRATION

PLEASE PRINT

*Registration Cannot Be Accepted without Payment and
Age Verification Document for New Participants*

For Office Use Only

Date Received _____

Amount Paid \$ _____

Check # _____

Receipt # _____

50% Scholarship

Approved By _____

Participant's Name: _____ Gender: ☐ M ☐ F

Date of Birth _____ *Verification must be submitted with form for all new participants.*

Scholarship Request: Scholarship = 50% fee reduction. To apply for a scholarship proof of income must be provided with registration. *Attach a photocopy of K-CHIP - Kentucky Health Card, K-TAP Card - (Welfare Recipient, EBT Card- (Food Stamp Recipient), Section 8 Public Housing Voucher, or other government assistance program documentation; or Federal tax return. Scholarship documentation is required every calendar year.*

Does this participant require a special accommodation due to a disability in order to fully participate in this program? [] Yes [] No If Yes, what type of assistance is needed? _____

List Allergies: _____

Parent/Legal Guardian Name _____

Home Phone _____

Street Address _____

Work Phone _____ Ext. _____

City _____ State _____ Zip _____

Emergency Phone _____

E-mail address: _____

Cell Phone _____

Emergency Contact if parent/guardian listed above cannot be reached:

Name: _____ Relationship to Participant _____

Phone _____ ☐ Home ☐ Work ☐ Cell

MEDICAL CONSENT AGREEMENT AND RELEASE: I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in or to grant any additional authorization for any surgical procedure. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Parent/Guardian: _____ Date: _____

**cannot accept registration without signature*

WAIVER AND RELEASE AGREEMENT:

(1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s).

(2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation.

(3) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

(4) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators.

(5) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted 7 business days prior to the start of the activity, except in special circumstances such as medical reasons.

(6) I understand that, as a participant, parent, and/or spectator, my child and I are responsible to the Division of Parks and Recreation for our actions as related to participation in this sports activity in accordance with the Physical/Verbal Altercation Policy and playing rules. Any unsportsmanlike conduct, including, but not limited to, fighting, verbal abuse or racial and gender epithets involving fans, coaches, or players, will not be tolerated. A copy of the Division of Parks and Recreation Physical/Verbal Altercation Policy and Youth Sports Handbook is available on line or upon request from the Athletic Office.

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Parent/Guardian: _____ Date: _____

**cannot accept registration without signature*

Lexington-Fayette Urban County Government / Division of Parks and Recreation Athletics Department
545 North Upper Street, Lexington, Kentucky 40508 Phone: (859) 288-2914 Fax: (859) 254-0142 www.lfucg.com/parks

****COMPLETE REGISTRATION ON REVERSE SIDE OF FORM or SECOND PAGE ON WEB SITE****

2016 YOUTH CHEERLEADING PROGRAM -- CHEERLEADER REGISTRATION

Registration Period: June 1 – July 31, 2016

Participant's Name: _____

CHEERLEADING REGISTRATION FEE \$35 (uniform not included)

Registration Fee must be submitted with form. Fee is payable to Parks & Recreation by check, money order, credit card, or cash in exact amount. A 50% refund for Cheerleading registration fees can be processed if a written refund request form is submitted to the Athletics Office by August 28, 2014.

Only cheerleaders that have previously cheered for a team may register as returning cheerleaders for that team. All others must register as a new player. Many parks form mixed-age teams that cheer for all age divisions at the park on a rotating basis. Therefore, cheerleaders returning to a mixed-age team may register as a returning cheerleader even if they are changing age divisions. All individuals must register in the appropriate age division. Players who choose to change teams must register as a new player. New players will be automatically assigned after July 31 if a park has registrations that warrant only a single team. Parks with multiple teams will have new players assigned to teams based on roster numbers or requests if possible.

Division eligibility is determined by player's age as of August 1, 2016.

Select park location and check appropriate age for returning or new cheerleader.					
Constitution Park Titans & Falcons Cheer Team					
<input type="checkbox"/> returning: ages 6, 7, 8	730001	<input type="checkbox"/> returning: ages 9 & 10	730031	<input type="checkbox"/> returning: ages 11 & 12	730061
<input type="checkbox"/> *new: ages 5, 6, 7, 8	730000	<input type="checkbox"/> *new: ages 9 & 10	730030	<input type="checkbox"/> new: ages 11 & 12	730060
Douglass Park Cheer Team					
<input type="checkbox"/> *new: ages 5, 6, 7, 8	730002	<input type="checkbox"/> *new: ages 9 & 10	730032	<input type="checkbox"/> new: ages 11 & 12	730062
Douglass Park P.A.L. Steelers Cheer Team					
<input type="checkbox"/> returning: ages 6, 7, 8	730005	<input type="checkbox"/> returning: ages 9 & 10	730035	<input type="checkbox"/> returning: ages 11 & 12	730065
<input type="checkbox"/> *new: ages 5, 6, 7, 8	730004	<input type="checkbox"/> *new: ages 9 & 10	730034	<input type="checkbox"/> new: ages 11 & 12	730064
Idle Hour Park Cheer Teams					
<input type="checkbox"/> *new: ages 5, 6, 7, 8	730006	<input type="checkbox"/> *new: ages 9 & 10	730036	<input type="checkbox"/> *new: ages 11 & 12	730066/730006
Martin Luther King Park Broncos Cheer Team					
<input type="checkbox"/> returning: ages 6, 7, 8	730010	<input type="checkbox"/> returning: ages 9 & 10	730041	<input type="checkbox"/> returning: ages 11 & 12	730069
<input type="checkbox"/> *new: ages 5, 6, 7, 8	730009	<input type="checkbox"/> *new: ages 9 & 10	730040	<input type="checkbox"/> new: ages 11 & 12	730068
Shillito Park Cheer Team					
<input type="checkbox"/> returning: ages 6, 7, 8	730012	<input type="checkbox"/> returning: ages 9 & 10	730043	<input type="checkbox"/> returning: ages 11 & 12	730071
<input type="checkbox"/> *new: ages 5, 6, 7, 8	730011	<input type="checkbox"/> *new: ages 9 & 10	730042	<input type="checkbox"/> new: ages 11 & 12	730070
Southland Park Cheer Team					
<input type="checkbox"/> returning: ages 6, 7, 8	730017	<input type="checkbox"/> returning: ages 9 & 10	730048	<input type="checkbox"/> returning: ages 11 & 12	730074
<input type="checkbox"/> *new: ages 5, 6, 7, 8	730016	<input type="checkbox"/> *new: ages 9 & 10	730047	<input type="checkbox"/> new: ages 11 & 12	730073

PARKS & RECREATION LEXINGTON, KY

Athletics Office
545 N. Upper Street
Lexington KY 40508

***New Cheerleader Request-** If there is more than 1 team at a park and a cheerleader has a family member on a cheerleading team or football team; new cheerleaders may request that team. We cannot guarantee requests. Individuals will be contacted if a request cannot be accommodated. Team Name _____ Reason for request _____

- ☐ family member is returning participant on this cheerleading or football team
☐ parent or family member is coach of this cheerleading or football team
☐ other _____

★ We depend on the support of parents and volunteers who serve as coaches and team parents to provide the best program possible for our youth. Please consider coaching or assisting with a team. All coaches complete an application that includes a background check. Coaches receive pre-season sports-specific training and support through the season. Every minute working with a child becomes a lifelong memory that is well worth your time. You can find an application online or check a box below to be contacted at a later date.

☐ Head Coach ☐ Asst Coach ☐ Team Parent Name: _____ Phone: _____